

## Membership Form

Family Name	First Name(s)	Birthdate(s)

Address: \_\_\_\_\_

Postal Code and City: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you hold membership at another church? Will you maintain this membership (affiliate)?

I / We wish to join IPC as:

affiliate member(s)     permanent member(s)

Please remember to provide a short bio and photograph of you/your family that we can use for our bulletin insert of new members on the next New Member Sunday.

For example: What brings you to Zürich? How long are you planning to stay? How are you already involved at IPC? Special interests, hobbies, other languages, your faith journey

YES / NO My name, address and phone number may be published in the IPC directory.

YES / NO This information may be kept in the church records.

I would like to receive the church newsletter:     electronically     by mail

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this form to:

International Protestant Church  
Zeltweg 20  
8032 Zürich  
office@ipc-zurich.org